Supporting specialist palliative care clinicians integrate palliative care into residential care for older people: A checklist to guide practice

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**Biography:**
Liz is Professor of Palliative Care and director of the Calvary Centre for Palliative Care Research, which is a joint venture between Australian Catholic University and Calvary Health Care, in Canberra Australia. Liz is a research psychologist, with expertise in both qualitative and quantitative methods.

**Abstract:**
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Improving end of life outcomes for people in residential care is an international concern. To address this clinical deficit, we developed and piloted a new solution to timely management of palliative care needs in residential care for older people. Palliative care needs rounds were introduced as triage meetings. Needs rounds are convened by specialist palliative care nurses.

**AIM:**
This study sought to generate an evidence-based checklist to enable specialist palliative care clinicians implement needs rounds.

**METHODS:**
This was a grounded theory ethnographic study, involving non-participant observation and qualitative interviews. The study was conducted at four residential facilities for older people in one city. Observations and recordings of 15 meetings were made, and complimented by 13 interviews with staff attending the needs rounds.

**RESULTS:**
The Palliative Care Needs Round checklist will be presented and copies will be provided to delegates to use in their practice. The checklist will be presented alongside rich description of how needs rounds are conducted. Extracts from interviews illustrate the choice of items within the checklist and their importance in supporting the evolution toward efficient and effective high quality specialist palliative care input to the care of older people living in residential care.

**CONCLUSIONS:**
The checklist can be used to support the integration of specialist palliative care into residential care, to drive up quality care, provide staff with focused case-based education, maximise planning and reduce symptom burden for people at end of life.